

UK CPN case

Two possible pathologies

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Embalmed bodies repatriated to UK can be difficult to assess. This case shows two 'lesions', one real and the other a small trap for the unwary.

A 56 year male dies with a short history of chest pain and cardiac failure abroad. He is written up as myocardial infarction, but without autopsy.

An examination of the body is ordered by HM Coroner.

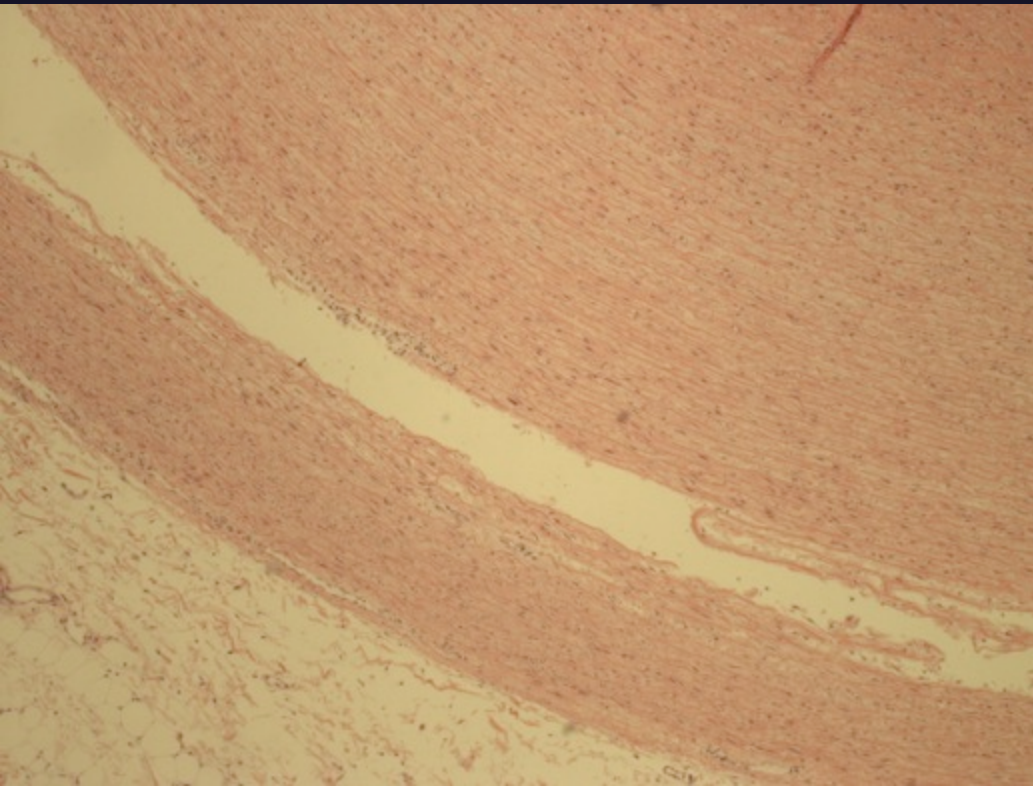
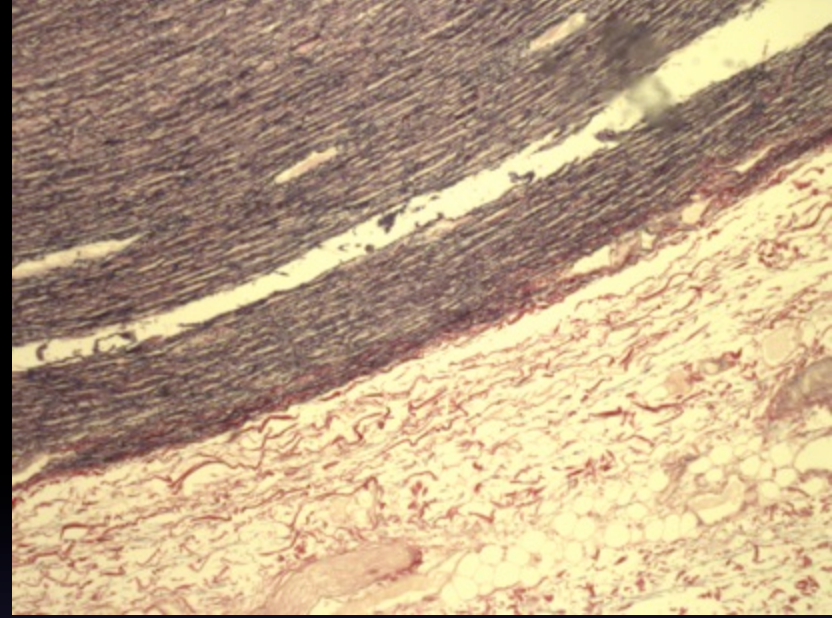
The aorta shows an extensive cleavage plane / dissection from the arch of the aorta to the iliac arteries



Histology view

EVG aorta

H/E showing dissection in outer
third of media

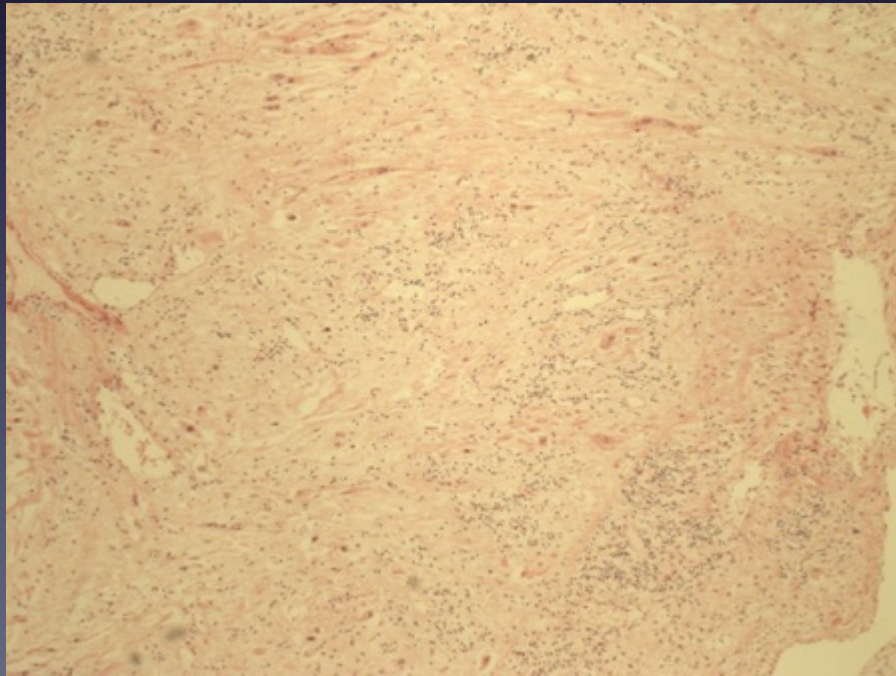
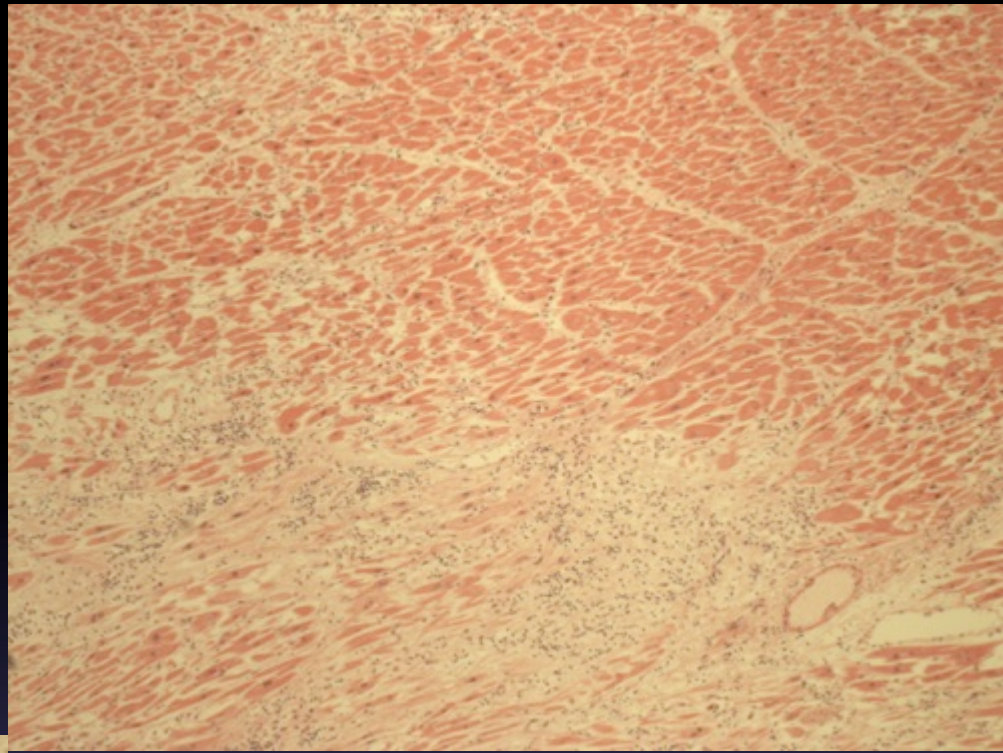


The heart is large (540 g) with only 40% atheromatous narrowing of the coronaries. There is some variation of myocardial colour on section (embalming effects) but classic acute infarction is not found



Histology view

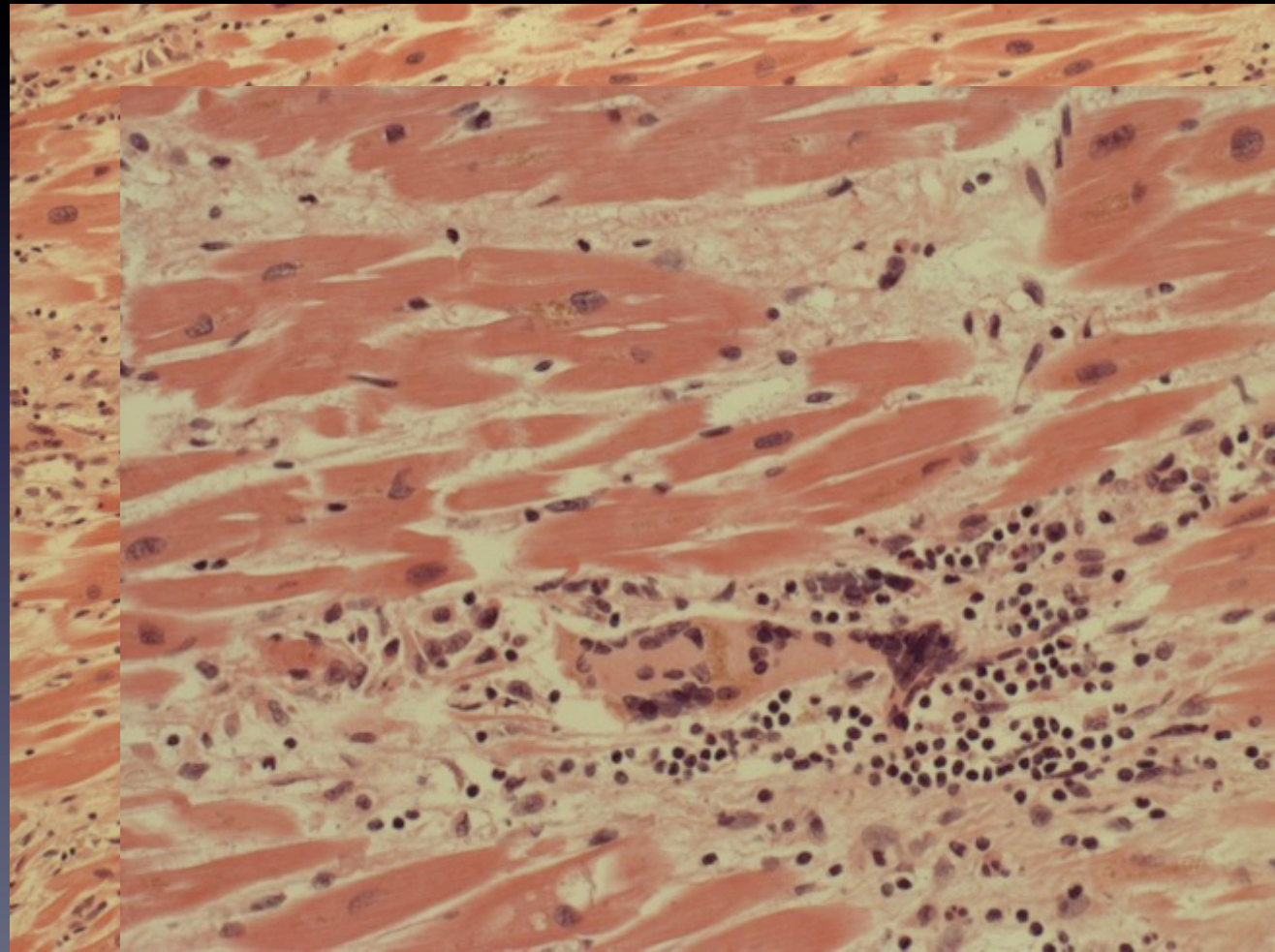
Fibrotic and
viable areas
seen



Histology view
Widespread but
patchy
inflammation

Scattered giant
cells

Myocytes loss
in relation to
inflammation



Question posed:

Why two acute pathologies ?

Why two acute pathologies ?

My view is :

The cause of death was the giant cell myocarditis.

The 'dissection' was an artefact caused by the embalming, explaining some poor tissue fixation and the absence of blood lost into the local tissues.